A-11.1 Attachment A
Effective: 5/20/2016
Reviewed: 10/2018

Initial Notification to Health Services of Offender Death

Offender Name:
TDCJ Number:
Place of Death:
Date and Time of Death:

ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH, DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.		Approximate interval between onset and death
IMMEDIATE CAUSE Or condition resulting in death) →	**a.** ______ DUE TO (OR AS A LIKELY CONSEQUENCE OF):	______
Sequentially list conditions, if any, leading to	b. ______ DUE TO (OR AS A LIKELY CONSEQUENCE OF):	______
Immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in	c. ______ DUE TO (OR AS A LIKELY CONSEQUENCE OF):	______
death) LAST		

d. ______ ______
DUE TO (OR AS A LIKELY CONSEQUENCE OF):